

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-040130

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10367

STATE FILE NUMBER

FILED NOV 1 1962

1. PLACE OF DEATH
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. LouisLength of stay in 1b
2 weeksc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Missouri Baptist HospitalInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louisc. CITY
OR
TOWN Hanley HillsInside Limits
Yes ☒ No ☐d. STREET
ADDRESS (If outside, give location)
7756 Utica DriveReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
LYDIAMiddle
B.Last
CUNNINGHAM4. DATE
OF
DEATHMonth
OctoberDay
27,Year
19625. SEX
Female6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
12-13-19159. AGE (last birthday)
46IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
I.B.M. Clerk10b. KIND OF BUSINESS OR INDUSTRY
Wetterau Grocer Co.11. BIRTHPLACE (City and state or country)
Illinois12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Theodore Lotz

13b. MOTHER'S MAIDEN NAME

Amanda -----

14. NAME OF HUSBAND OR WIFE

Charles Cunningham

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No None16. SOCIAL SECURITY NO.
[REDACTED]17. INFORMANT
Mr. Charles Cunningham
7756 Utica Drive, Hanley Hills18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cancer of the breast metastatic to lungs + liver

INTERVAL BETWEEN
ONSET AND DEATH
8 monthsConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

170X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from August 3, 1961, to October 27, 1962 and last saw her alive on October 26, 1962
Death occurred at 1:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Hawley Walker, Jr. M.D.

22b. ADDRESS

4511 Forest Park Blvd. St. Louis 8, Mo.

22c. DATE SIGNED

10/27/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Removal

23b. DATE

Oct. 30, 1962

23c. NAME OF CEMETERY OR CREMATORY

Mount Hope Cemetery

23d. LOCATION (City, town, or county)

St. Louis County,

Missouri

24. FUNERAL DIRECTOR

ADDRESS
Calvin F. Feutz Funeral Home

4828 Natural Bridge Blvd.

25. DATE RECD. BY LOCAL REG.

OCT 29 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1

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4 1

5 1

6

7 1

8 2

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11

12 8.0

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68

Dr. Harvey Walker
4511 Forest Park Blvd.
FO 7-4700

HOURS: 11:30 PM Saturday
11:00 Noon Monday

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John A. Minor

Licensed Embalmer No.

4186

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.